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Short p	name
Project	
Full Pro	
Synopsis	
Type	Normal
Status	Requested
Owner	Camera, Anna (anna.camer@...)
Phone Number	
Principal Investigator	Please select a User
Submitted for approval	No

**Public Notes**   **Private Notes**

**Notes**

Please fill in the form, and make sure to complete the sections highlighted in this document

Once you have completed it, send it for approval. Once you have sent it, you will not be able to edit it again. Only the resource (MEG, MRI, EEG, TMS) manager will be able to.

The resource manager will then give you a Project Code.



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Short project Title	Choose project name
Project Code	
Full Project Title	<input type="text"/>
Synopsis	<div style="border: 1px solid black; height: 100px;"></div>
Type	Normal <input type="button" value="v"/>
Status	Requested
Owner	Camera, Anna (anna.camerz <input type="button" value="v"/>
Phone Number	<input type="text"/>
Principal Investigator	Please select a User <input type="button" value="v"/>
Submitted for approval	No

Public Notes

Private Notes

Notes



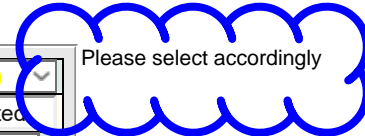
# Facilities Booking

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Project <a href="#">Resources</a> Ethics Study Finance Booking Users Settings (ADMIN USE ONLY) History Notes	Resource to be included in request	<a href="#">Select from list</a> <input type="checkbox"/>
	Suggested booking group, if known (FMRIB projects only)	Nothing selected
	<a href="#">Start Date</a>	
	<a href="#">Finish Date</a>	
	<a href="#">Public Notes</a> <a href="#">Private Notes</a>	
	<a href="#">Notes</a>	



Please select accordingly



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<b>Ethics Approval Number</b>	
<b>Does this ethics approval cover any other studies?</b>	No <input type="button" value="v"/>
<b>Ethics Expiry Date</b>	
CUREC / NRES application, amendments, approval letter	
<input type="button" value="Scegli file"/>	Nessun file selezionato
CUREC3:Research (Study)Protocol	
<input type="button" value="Scegli file"/>	Nessun file selezionato
HV Info Sheets	
<input type="button" value="Scegli file"/>	Nessun file selezionato
HV Consent Forms	
<input type="button" value="Scegli file"/>	Nessun file selezionato
Patient Info Sheets	
<input type="button" value="Scegli file"/>	Nessun file selezionato
Patient Consent Forms	
<input type="button" value="Scegli file"/>	Nessun file selezionato
Public Notes	
<b>Notes</b>	
Private Notes	
<b>Notes</b>	

<ul style="list-style-type: none"> <li>Project</li> <li>Resources</li> <li>Ethics</li> <li><b>Study</b></li> <li>Finance</li> <li>Booking</li> <li>Users</li> <li>Settings (ADMIN USE ONLY)</li> <li>History</li> <li>Notes</li> </ul>	<b>Date of Work-In-Progress presentation (WIP)</b>	<input type="text"/>	<input type="text"/>
	<b>Total number of volunteers for the study</b>	<input type="text"/>	<input type="text"/>
	<b>Number of visits per volunteer</b>	<input type="text"/>	<input type="text"/>
	Lower Age Limit	<input type="text"/>	<input type="text"/>
	Upper Age Limit	<input type="text"/>	<input type="text"/>
	<b>Volunteer Category</b>	Select one <input type="text"/>	
	Scan Category (for MRI only)	Select one <input type="text"/>	
	Is it likely that the volunteers will have any difficulty with answering screening questions?	No <input type="text"/>	<input type="text"/>
	Problems Changing Into Scrubs	No <input type="text"/>	<input type="text"/>
	Is it likely that the volunteers will have any difficulty with getting on or off the scan table?	No <input type="text"/>	<input type="text"/>
	<b>Any testing and/or preparation time required</b>	0 <input type="text"/>	<input type="text"/>
	Will you collect blood samples, administer contrast agent or other pharmaceuticals, or perform any other interventions as part of this study?	No <input type="text"/>	<input type="text"/>
	<b>Will you be following the WIN Incidental Findings Procedure?</b>	No <input type="text"/>	YES <input type="text"/>
	<input type="button" value="Public Notes"/> <input type="button" value="Private Notes"/>		
<input type="text" value="Notes"/>			



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Is any of the funding from a commercial source?	No	▼	
Is any funding provided by the NIH or EU?	No	▼	
Grant Type	Please Select ▼		
Grant code / account number / cost centre			
Dept Body Name			
Funding Admin Name			
Funding Admin Address			
Funding Admin Phone Number			
Funding Admin Email			

Upload a POs Covering Cost of all scan

Nessun file selezionato

Public Notes

**Notes**

Private Notes

**Notes**

<ul style="list-style-type: none"> <li>Project</li> <li>Resources</li> <li>Ethics</li> <li>Study</li> <li>Finance</li> <li><b>Booking</b></li> <li>Users</li> <li>Settings (ADMIN USE ONLY)</li> <li>History</li> <li>Notes</li> </ul>	<b>Number of scanning sessions per volunteer</b>	<input type="text" value="1"/>
	<b>Proposed Slot Length (minutes)</b>	<input type="text"/>
	<b>Any special constraints on time of day / day of week</b>	<input type="text"/>
	Any special constraints for completion	<input type="text"/>
	MRI protocol and duration	<input type="text"/>
	<b>Ancillary equipment required</b>	<input type="text"/>
	Approval for new equipment required	<input type="text"/>
	<b>Special equipment that is not permanently available as part of the scanner platform?</b>	<input type="text"/>
	Required Setup Time?	<input type="text" value="0"/>
	Will you be administering drugs or gadolinium, taking bloods or giving other interventions during or prior to scanning? Please give details	<input type="text"/>
<input type="button" value="Public Notes"/> <input type="button" value="Private Notes"/>		
<input type="text" value="Notes"/>		



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Users

Please select a User to add

<input type="checkbox"/>	Family name	Given name	Other name	Identity
<input type="checkbox"/>	Camera	Anna		Shibboleth/psyc1478@ox.ac.uk

Remove

Add any researcher involved. This is needed to be able to book a slot on Calpendo. No need to add "Anna" as one of them